

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | N.A      |        | 08/16/01 |
| O.I.P.E. CLASSIFIER       |          | 48     | 7/20/01  |
| FORMALITY REVIEW          | TJ       | 201125 | 08/27/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 4/23/01 |
| 2              | 5/18/01 |
| 3              | 5/18/01 |
| 4              | 5/18/01 |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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949  
 8/28/01